



**DEPARTMENT OF MENTAL HEALTH
DMH/DHS HEALTH CARE COLLABORATION PROGRAM
Internal Policies and Procedures**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HWLA MEMBER GRIEVANCE PROCESS	TBA	7/1/2011	1 of 6
APPROVED BY:		ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S)
		DRAFT	DMH

1.0 PURPOSE:

- 1.1 To delineate the grievance process for Department of Mental Health (DMH) Healthy Way LA (HWLA) members, in accordance with the principles set forth in DMH/DHS Healthcare Collaboration Program Policy No. ____ .

2.0 POLICY:

- 2.1 DMH HWLA provides a mechanism to ensure that a thorough and consistent process for addressing DMH HWLA members' grievances is available and accessible to all members. All grievances relating to the mental health benefit must be processed through DMH Patients' Rights.

3.0 DEFINITIONS:

- 3.1 DMH HWLA Member: An individual enrolled in the HWLA Program and requesting/receiving DMH services.
- 3.2 Grievance: An expression of dissatisfaction about any matter other than an action.
- 3.3 Appeal: A request for review of an "Action."
- 3.4 "Action" any of the following:
1. A denial, termination or reduction of eligibility for Medicaid Coverage Expansion (MCE) or Health Care Coverage Initiative (HCCI) known to LA County as HWLA.
 2. A denial or limited authorization of a requested service, including the type or level of service.
 3. A reduction, suspension, or termination of a previously authorized service.
 4. A failure to provide services in a timely manner.
 5. A failure by DMH HWLA to act within the timeframes established for grievance and appeals.



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- 3.5 **Delinquent:** Refers to a grievance that is not resolved within sixty (60) days.
- 3.6 **Resolved:** Means that DMH HWLA has reached a final conclusion with respect to the member's submitted grievance.
- 3.7 **Day:** Unless otherwise specified, "day" means calendar day.

4.0 IMPLEMENTATION REQUIREMENTS & SUMMARY PROCEDURES:

- 4.1 The member will be provided with detailed instructions and information regarding how to file a grievance. Grievance forms will be available through DMH Patients' Rights and service sites. Grievance forms will be available to any member wishing to file a grievance.
- 4.2 **FILING A GRIEVANCE** – DMH HWLA members may file a grievance directly with DMH Patients' Rights.
 - 4.2.1 DMH HWLA members may register grievances by telephone, in writing, fax, or in person. Members may submit a grievance in a written note/letter, or by completing the grievance form.
 - 4.2.2 If protected health information (PHI) will be needed to investigate and resolve the grievance and the member's grievance involves persons not part of DMH's workforce, then an authorization for the disclosure of PHI must be attained.
 - 4.2.3 DMH HWLA members are allowed sixty (60) days from the date of the incident or event to file a grievance.
 - 4.2.4 When the member wishes to file a grievance, the DMH Patients' Rights Office will document the grievance on the Grievance Log and, provide the member with a grievance form, assist the member in completing the form if appropriate, and explain the grievance procedure.
 - 4.2.5 At the time of filing the grievance, the member may present facts, evidence, or law in support of his or her position.
- 4.3 DMH clinics/providers shall report all member grievances that they receive by forwarding the completed grievance form or other writing that expresses



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- 4.4 the grievance to DMH Patients' Rights within twenty-four (24) hours of its receipt.
- 4.5 RECEIPT OF GRIEVANCE – Subsequent to receipt of the written grievance the DMH Patients' Rights Office is responsible for recording all grievances in the Grievance Log and/or an electronic database. Documents received describing the member's concerns will be date-stamped upon receipt.
- 4.6 The database for each grievance shall reflect the following information:
- 4.6.1 Date and time grievance was filed by the member
 - 4.6.2 Date and time grievance was first received
 - 4.6.3 Member's name
 - 4.6.4 Member's HWLA number
 - 4.6.5 A description of the complaint or problem
 - 4.6.6 The name of the staff person receiving the grievance
 - 4.6.7 Date acknowledgement letter was sent
 - 4.6.8 The name of the staff person responsible for resolving the grievance
 - 4.6.9 A description of the action taken by DMH Patients' Rights to investigate and resolve the grievance
 - 4.6.10 Date of resolution/response to member
 - 4.6.11 Status of grievance
 - 4.6.12 The resolution of the grievance
 - 4.6.13 Whether the grievance was resolved in favor of the member
 - 4.6.14 Date of disposition
 - 4.6.15 Final status
- 4.7 CREATING A GRIEVANCE FILE – DMH Patients' Rights Office (as appropriate) will create a paper grievance case file referencing the member's name and HWLA identification number. DMH Patients' Rights Office will record the grievance using the Grievance Log and Grievance Data System.



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- 4.8 ACKNOWLEDGEMENT LETTER – DMH Patients' Rights Office will send a written acknowledgement letter in the appropriate language within seven (7) days of receipt of the grievance. Grievances received over the telephone that meet all of the following requirements are exempt from the requirement to send a separate written acknowledgement: (i) do not relate to coverage, (ii) do not involve disputes related to the medical necessity of services, and (iii) are resolved by the close of the next business day. A letter that includes both an acknowledgement and the resolution will be sent within seven (7) days of the receipt of the grievance.
- 4.9 RESOLUTION LETTER - DMH Patients' Rights will send a written resolution letter in the member's primary or preferred language, large print, or other alternative format within sixty (60) days of receipt of the grievance, with a copy to the clinic/provider. This time frame may be extended for up to 14 days if requested by the member or if DMH can show that there is a need for additional information and the delay is in the best interest of the member.
- 4.10 DELINQUENT RESOLUTION – In the event resolution can not be reached within sixty (60) days, the member shall be notified before the sixtieth day in writing by DMH Patients' Rights of the status of the grievance and shall be provided with an estimated completion date of resolution. The letter will notify the member of his/her right to request an appeal regarding the lack of timely resolution.
- 4.11 FILE CLOSURE – When DMH Patients' Rights Office sends the decision letter to the member, the grievance file will be closed and the decision recorded in the Grievance Database System.
- 4.12 NOT APPEALABLE: Members may not appeal the resolution of grievances to the State Fair Hearing process.
- 4.13 NON-DISCRIMINATION – DMH HWLA and DMH clinics/providers will not discriminate against a member (including disenrollment of the member) for filing a grievance. DMH HWLA will not discriminate against a member based on disability, or cultural/linguistic needs. DMH HWLA will ensure that



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all members have access to, and can fully participate in, the grievance process by providing assistance to members with Limited English Proficiency and/or with a visual or other communicative impairment. Such assistance will include, but is not limited to, translation and/or interpretation services in the member's preferred language related to grievance procedures, forms, and responses to grievances. Additionally, DMH HWLA will provide access to interpreters, telephone relay systems, and other devices that aid disabled individuals with communication.

4.14 REPORTING

4.14.1 DMH Patients' Rights will submit a monthly Grievance Report to the HWLA Administrative Grievance and Appeal Coordinator by the fifth (5) day of the following month. If the DMH Patients' Rights Office reports no grievances, the report will reflect the following: "No Grievance Received." Reports must be signed and dated by a representative of DMH Patients' Rights. This report can be combined with the monthly Appeals Report.

4.14.2 DMH Patients' Rights will report grievance information to regulatory agencies as required.

5.0 MONITORING MECHANISM AND ACCOUNTABILITY:

5.1 The DMH Patients' Rights Director or Designee will monitor the grievance process. Periodic evaluations of the process will be performed to determine effectiveness. Modifications will be made where necessary to ensure adequate and timely response to members. The DMH Patients' Rights Director or Designee will oversee the member grievance process to ensure compliance with the State's required time frames.

5.2 Each DMH clinic/provider shall designate a facility liaison to coordinate grievance procedures with DMH Patients' Rights.

5.3 Staff from DMH Patients' Rights will collaborate to identify a monitoring mechanism and assist with site visits to the DMH clinic/provider to ensure that the member grievance processes adhere to all regulatory and contractual requirements.



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5.4 DMH Patients' Rights staff conducts grievance training to internal and external personnel. This includes a section on preventing discrimination against members.

6.0 PRIVACY AND SECURITY:

6.1 Member grievance data is secure and individual member information is not shared with any other entity not involved in the grievance investigation.

7.0 AUTHORITY:

- 7.1 Title 42, Code of Federal Regulations ("CFR"), Section 438.404
- 7.2 Title 42, Code of Federal Regulations ("CFR"), Section 438.406
- 7.3 Title 42, Code of Federal Regulations ("CFR"), Section 438.408
- 7.4 Title 42, Code of Federal Regulations ("CFR"), Section 438.410
- 7.5 Title 42, Code of Federal Regulations ("CFR"), Section 438.420
- 7.6 Title 42, Code of Federal Regulations ("CFR"), Section 438.424
- 7.7 Department of Health Care Services, California Bridge to Reform Waiver Hearings and Appeals Process for Low Income Health Programs (LIHP)

8.0 PROCEDURE:

8.1 Refer to the attached DMH HWLA Grievance & Appeal Flow Charts and DMH HWLA Provider Manual.

Unit Manager: _____
Name/Title:

Date: _____

Approved/ Division Manager: _____
Name/Title:

Date: _____

Approved/Executive Officer: _____
Name/Title:

Date: _____
